

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
OFFICE OF FINANCIAL AND INSURANCE REGULATION
Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXXX

Petitioner

v

File No. 120652-001-SF

Blue Cross Blue Shield of Michigan
Respondent

Issued and entered
this 17th day of October 2011
by R. Kevin Clinton
Commissioner

ORDER

I. PROCEDURAL BACKGROUND

On April 19, 2011, a request for external review was filed on behalf of XXXXX (Petitioner) by his parents. The request was filed under Public Act No. 495 of 2006, MCL 550.1951 *et seq.* Act 495 authorizes the Commissioner to conduct external reviews for state and local government employees who receive health care benefits in a self-funded plan. Under Act 495, the reviews are conducted in the same manner as reviews conducted under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner receives health care benefits as an eligible dependent under his father's group coverage through the State of Michigan, a self-funded group. Blue Cross Blue Shield of Michigan (BCBSM) administers the benefit plan. Petitioner's benefits are defined in the State of Michigan Employees' State Health Plan PPO *Benefit Guide*. The Commissioner notified BCBSM of the external review and requested the information used in making its adverse determination. The Commissioner received BCBSM's response on May 10, 2011.

The issue in this external review can be decided by a contractual analysis. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II. FACTUAL BACKGROUND

The Petitioner has congenitally missing permanent teeth, a condition known as “oligodontia.” An oral surgeon recommended dental implants and the Petitioner elected to proceed with the procedure. His oral surgeon surgically placed eight dental implants on July 7, 2010. The total charge for the procedure was \$11,339.00. BCBSM denied coverage. The Petitioner subsequently appealed BCBSM’s denial of coverage. BCBSM held a managerial-level conference on February 17, 2011, and issued a final adverse determination dated March 8, 2011, upholding its denial.¹

III. ISSUE

Is BCBSM required to provide coverage for the Petitioner’s implants?

IV. ANALYSIS

In their request for external review, Petitioner’s parents wrote:

XXXXXX has a congenital defect – born with no adult teeth in 9 spots – very rare – without roots to adhere to, jawbone deteriorates, becomes very thin & brittle. . . . Implants give the bone something to adhere to and keeps the jaw from deteriorating. This is not cosmetic – it is medically necessary & crowns are necessary to complete the process.

In support of the request for implants, in a letter dated February 21, 2010, Petitioner’s oral surgeon wrote:

[Petitioner] is an otherwise healthy 21 year old young man who suffered from congenital oligodontia which is defined as missing multiple permanent teeth. This is a very rare condition which can have a negative impact on alveolar bony growth leading to functional problems as an adult.

* * *

I had a long discussion with XXXXXX and his mother regarding options. One approach would be to remove all of his primary teeth and fabricate removable partial dentures to attempt to restore his occlusion. I explained to XXXXXX and his mother this was a far inferior approach as over time the jawbone would continue to atrophy causing change in facial form and shifting of the existing permanent

¹ After the final adverse determination had been issued, the Petitioner’s mother sent a letter to BCBSM stating that their family also received benefits under a BCBSM policy issued to the XXXXXX. There is no evidence in the material submitted to the Commissioner which would indicate that a claim for the services at issue in this appeal were submitted to BCBSM under the credit union policy. This order addressed only the BCBSM decision concerning the claim submitted and processed under the State of Michigan health plan.

teeth. Over the course of his lifetime, multiple removable partial dentures would have to be remade for XXXXX due to the continuous remodeling and atrophying of his jawbone. I further explained that the placement of multiple dental implants to retain dental crowns would actually preserve the jawbone and will likely last him the rest of his life.

In its March 8, 2011, final adverse determination BCBSM denied coverage for the implants stating:

Pages 43 and 44 of [the] *Benefit Guide* are as follows:

What is not covered under the State Health Plan PPO

- Dental Surgery other than for the removal of impacted teeth or multiple extractions when the patient must be hospitalized for the surgery because a concurrent medical condition exists.
- Services that are not included in your plan coverage documents

Because dental implants are not a benefit under your medical/surgical coverage, payment cannot be approved

The Petitioner's benefit plan provides only limited dental benefits. While the Commissioner is sympathetic to Petitioner's situation and understands that the dental care was medically necessary, the requested dental care is simply not a covered benefit.

The Commissioner finds that BCBSM's denial is consistent with the terms of the benefit plan.

V. ORDER

BCBSM's final adverse determination of March 8, 2011, is upheld. BCBSM is not required to cover the Petitioner's implants.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than 60 days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.